

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | NO. | DATE |
|---------------------------|----------|------|----------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | MTN | 50 | 05-05-01 |
| FORMALITY REVIEW | SA | 555 | 6/7/01 |
| RESPONSE FORMALITY REVIEW | FI | 1127 | 10/30/01 |

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

| Claim | Date |
|----------|---------|
| Final | |
| Original | |
| 1 | 12/5/03 |
| 2 | ✓ |
| 3 | ✓ |
| 4 | ✓ |
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| Claim | Date |
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| Claim | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10/6/01
7/7/01